

# Consent to Test for HIV – Anonymous

Anonymous consent form to be completed by COUNSELOR to verify verbal consent given by client. No client identifying information should appear on this form.

## Counselor initials

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Client has been informed of the differences between anonymous and confidential HIV testing. Client understands that confidential reactive HIV test results will be forwarded by name to the California Department of Health Services for record-keeping purposes. This information will be maintained as completely confidential.

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Client has been informed about the limitations and implications of HIV tests. Client understands that HIV tests' accuracy and reliability are not 100% certain.

## Counselor initials

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## Rapid Testing Only

Client has been informed that s/he will receive his/her initial HIV test result before leaving today. Client understands that a negative test result does not require confirmation.

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Client has been informed that a reactive rapid HIV test result must be confirmed by a laboratory based test. Client consents to give a blood or oral fluid sample for this confirmatory test if his/her initial test result is reactive.

**Counselor:** By my signature below, I affirm that I have provided information to the client concerning the benefits and risks of HIV testing, and that she/he has had a chance to ask questions which were answered to his/her satisfaction. I affirm that the client has given verbal consent to each of the points initialed above, and does consent to submit a blood or oral fluid sample to be tested for HIV.

\_\_\_\_\_

Date

\_\_\_\_\_

Counselor Signature

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Counselor Printed Name